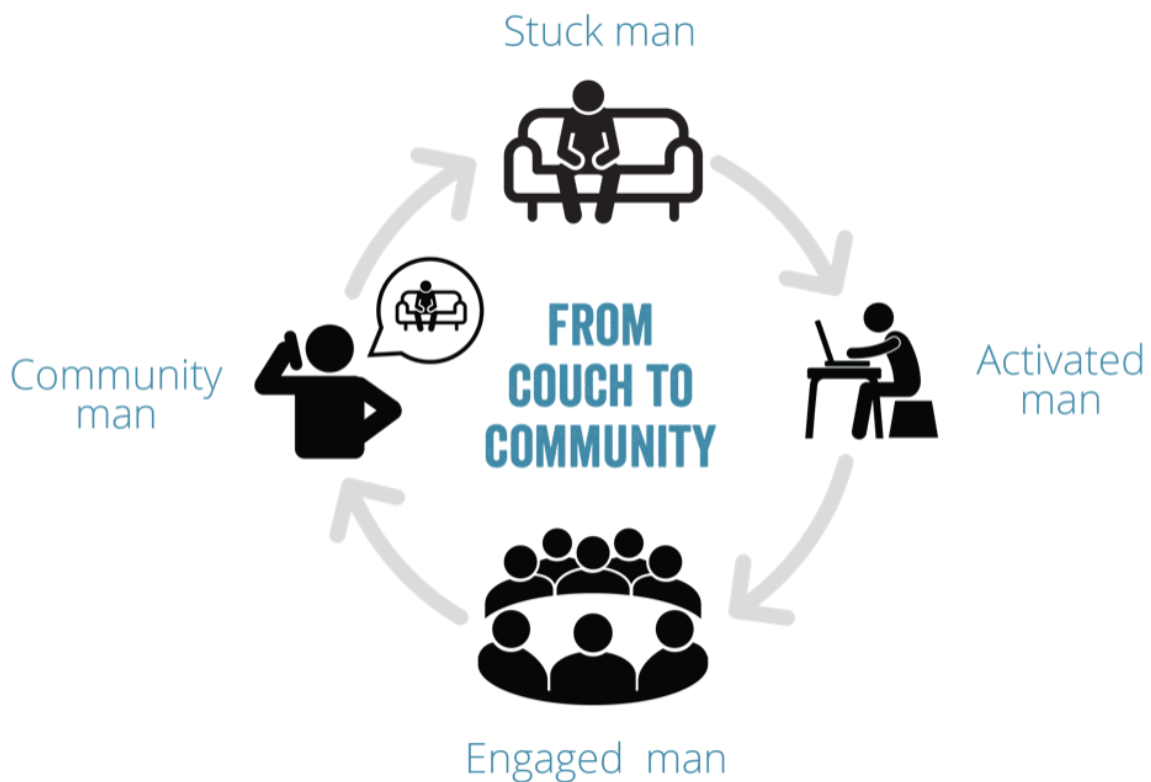




THE MEN'S TABLE  
MEN SERVING MEN

# From Couch to Community

*Engaging men in help-seeking and help-giving for mental wellbeing and community belonging*



December 2021

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'From Couch to Community', initially named the 'Peer to Peer Outreach Project' was funded by the National Mental Health Commission and conducted by The Men's Table in collaboration with Partners in Practice.

Preferred citation:

Pointon, D., Cook, L., Hall, N., Hughes, B. & O'Callaghan, P (2021). The Men's Table: From Couch to Community. Sydney, National Mental Health Commission.

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## Executive Summary

Mental health problems and social isolation both affect a growing number of Australians, and these two factors are related. Men are less likely than women to maintain social connection or to seek professional help for health concerns. Men are thought to be reticent about help-seeking, reluctant to share personal thoughts and emotions, and yet there is little understanding of how men really approach help-seeking.

The Men's Table facilitates mutual peer-to-peer support in normal social settings, such as the pub, enabling men to build social connections, talk openly about their feelings and about the issues that are impacting on their lives. They learn to listen without trying to 'fix' problems for others. Evaluation of this approach has shown that men progress from reluctant help-seekers to enthusiastic help-givers in a relatively short time as they participate at a Table. Our purpose is; Healthy Men, Healthy Masculinities, Healthy Communities

We hypothesized that harnessing the commitment of men who are already participating in a Table for peer-to-peer outreach would provide an effective way of engaging reticent men. The *Peer-to-Peer Outreach* project involved a pilot training program for volunteer outreach peer workers delivered in parallel with an incremental communications campaign between January and June 2021. Communication was based on increased regular social media, targeted campaigns in specific local government areas, and an ABC television report that opened the issue of men's wellbeing and social connection nationally.

Men who made an enquiry about the Men's Table were paired with a trained volunteer peer worker (a 'Welcome Buddy') to help them to progress from enquiry to commitment.

In total, 5,862 new visitors explored the Men's Table website during the communication campaign and 191 new men enquirers (enquirer) were paired with a volunteer outreach peer worker (peer worker). Forty-one men joined a Table from this campaign whilst the others had varying levels of hesitation or reluctance to participate. Qualitative interviews with 30 enquirers and 15 of the volunteer outreach workers has provided insight into the progression from reticent help seeker to active participant.

Most enquiries (77%) were from men between the ages of 40 and 70 years. This age band aligns with the largest cohort of men completing suicide in Australia, and also with the largest cohort of men already sitting at Tables, being 45 -54 years.

The men who enquired were experiencing various life challenges, with a common need being increased social connection. Enquirers had many of the expected characteristics of socially isolated men: adherence to traditional masculine norms, loss of social networks and complex social challenges. Most of the men expected that they should be strong, self-reliant and in control. They described themselves as 'fixers of problems and not 'people who talk about problems.'

We found that men who enquire about Men's Table are aware of their need for social connection. They want to improve their sense of connection and develop new friendships. They

were to some extent aware of their mental health needs and demonstrated some willingness to use professional health services. The men had experienced health care as transactional and focussed on 'fixing' and 'brokenness' rather than on positive connection.

They did not see themselves as broken. Men were actively seeking to help themselves rather than asking for help. In this context, the opportunity to offer help to others was a motivator for engagement. The need for connection was balanced with a sense of vulnerability; they were wary of change and hesitant or unfamiliar with opening up about their feelings. Connecting with men in this self-help stage of uncertain curiosity may enable them to act before illness or despair develops.

We found there was a gap between the decision to act on curiosity (making an inquiry) and deciding to make the commitment to change. Information from the communications campaign helped to prepare men to act which led to online exploration and enquiries.

Peer outreach was essential to support the journey from curiosity to committed action. A persistent pattern of constructed mateship between a volunteer peer worker and the enquirer was more successful than a direct invitation to participate or only providing more information.

Men required more than an invitation to attend a meeting. They agreed that a persistent pattern of personal contact which established connection and rapport with the volunteer before feeling ready to join a Table was important to help them decide to act. They recognised their needs but needed nudges to help prepare themselves to push out of their existing comfort zones. Nudges were defined as patient and persistent re-engagement that re-opens issues for discussion without demanding a response. This helped to sustain the sense of safety and equality in the relationship, while keeping the door open for self-directed change rather than taking away the man's sense of agency.

We found several practical strategies that helped to turn male reticence about mental health help-seeking into proactive engagement in community, supporting the wellbeing of other men.

Effective strategies included:

1. Using multiple communication strategies at a national, online, and local level.
2. Presenting diverse options to meet different needs, ensuring that images as well as words convey the message 'these are men like me'.
3. Peer to peer outreach to build rapport and trust that enabled personal sharing.
4. Nudging, not nagging over time to support the readiness and decision for change
5. Training and support for volunteer outreach peer workers
6. Inviting men to help others whilst helping themselves, harnessing the strengths and lived experience of men who are seeking social connection

Men's Table works through creating community and building social capital, rather than through one-to-one help services. We have found that men are not necessarily reluctant to talk about life issues. They are seeking a safe place in which to share; one they feel confident will enhance life rather than leave them feeling inadequate. Change happens in relationships. The peer

outreach process and participation at a Men's Table rely on developing trusted reciprocal relationships, as distinct from help seeker and help giver relationships.

The benefits of a reciprocal peer to peer model in which men are serving others whilst serving themselves include a significant shift from less helpful to more helpful strategies and behaviours surrounding help-seeking when men feel stuck or troubled. An invitation to serve others and be served is more appealing than an opportunity to simply seek help.

While the pilot was successful in supporting a number of men, many others were not able to make the step from curiosity to commitment. For some men, the connection established with a peer through the outreach conversations was enough to reduce feelings of isolation and motivate them to find other ways of socially connecting. We found that the act of outreach has value regardless of the action chosen by the enquirer. What mattered for the men was that they felt connected to a sufficient extent to get them thinking and moving "off the couch"

However, this benefit was only available to the 191 who made an inquiry. It is probable that many of the 5,862 people who viewed the Men's Table website during this campaign are still looking for an opportunity to meet their need for connection. Further work is required to support the growing need of Australian men for the social connection that is essential for mental health.

## Key findings

1. Men are actively looking for opportunities to connect with other men.
2. Men do talk about personal thoughts and emotions in the right circumstances.
3. An invitation to serve others and be served is more appealing than an opportunity to simply seek help.
4. An effective peer-to-peer environment substantially changes men's tendencies toward help seeking, leading them to be more comfortable and able to seek help when feeling stuck or troubled.
5. The process of outreach and sustained engagement is of value to the men's wellbeing even when it does not lead to the man joining a specific program.

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## Welcome to the Table - Where men serve and are served

The Men's Table is a preventive strategy, promoting the health and wellbeing of members throughout their life journey. Prioritising peer support, the approach seeks to help men before “things get too tough.”

Adult men meet monthly with the same group of men who they come to trust and respect. They share a meal and talk openly about their feelings, and about the issues that are impacting on their lives and wellbeing, and they learn to listen without trying to ‘fix’ problems for others. The approach creates a sense of belonging, community, peer support and camaraderie that is lacking for many men. Each group is locally initiated and organised by its members with support and networking provided through a central office (The Kitchen). Membership is open to anyone identifying as an adult male with an interest in participating in intentional supportive peer activities.

Men's Table works as a community to build social capital, rather than working on a one-to-one basis. Key to the Men's Table model is a reciprocal relationship in which men listen to each other as well as being able to voice their concerns; giving help as well as receiving it. Leadership is shared between members in a mutual-help model.

Belonging to a Men's Table contributes to mental, emotional, and social wellbeing whilst being a powerful support to individual members negotiating life challenges. It provides a sustainable low-cost approach to health promotion and prevention for men that integrates well with different cultures and has the potential to meet the needs of men with varying levels of need for social connection across all socio-economic groups.

The Men's Table is rapidly developing from an informal ‘self-help’ strategy to a national network of Tables. Starting in 2011 with one informal Table, the approach was formalised and offered to men in the community from early 2019. Introductory sessions, called Entrée meetings, were held to encourage more men to form or join their own local Table groups. In the almost three years between January 2019 and November 2021 year, the number of Table groups expanded to 43 with a total of 461 members. A further 111 men are currently in the process of forming new Tables. Tables began forming in Sydney, then regional NSW, and are now located in cities and regional areas in most Australian States.





## On the Couch: Reticence and Help Seeking

Mental health problems affect a growing number of Australians, with the latest census in 2018 showing 20.1% of all Australians suffering from a mental and/ or behavioural illness—an increase from 17.5% in 2015 and 13.6% in 2012 (ABS, 2018). This number may be higher than reported as individuals are more likely to under-report mental health issues as compared to other health conditions (Bharadwaj, Pai, & Suziedelyte, 2017). Only a small number of individuals ever seek psychological support and less than 40% of people seek any kind of professional support (Vogel, Wade, & Haake, 2006).

Men seem to experience and manage mental health symptoms in different ways to women (Seidler et al., 2016). They are less likely to report mental health symptoms and more likely to minimise the severity of symptoms (Affleck, Carmichael, & Whitley, 2018). Men have a well-established reputation as less likely to seek help for health concerns than women. Assumptions are made that they are less aware of health or less interested, yet there is no depth of understanding of why men seem to avoid health services (Smith, Braunack-Mayer and Wittert, 2006).

Reticence means a reluctance to reveal personal thoughts and feelings. This has implications for help-seeking, as men may avoid situations in which they will be asked personal questions. It also impacts on the way men interact in friendship groups. The established view is that men don't talk about health, especially to other men (Smith and Braunack-Mayer, 2014).

The Men's Table Model of Care (Pointon, Hughes & Cook, 2020) highlights the well-established research on help seeking reticence amongst men. Developing a better understanding of the reticence amongst males of all ages is critical to effectively reduce the risks of suicide, mental illness, family breakdown and male domestic violence.

Factors that are known to contribute to reticence include stigma and low-self compassion in the context of acceptance of traditional masculine norms (Affleck et al., 2018; Benjamin, 2021; Cramer, Horwood, Payne et al., 2013; Mahalik, Walker and Levi-Minzi, 2007; Seidler, Dawes, Rice et al., 2016). Seeking help may contradict beliefs about male independence (Affleck et al., 2018). Values such as self-reliance, stoicism, emotional control and self-concealment are associated with increased psychological distress (Berger, Addis, Green et al., 2013), the development of depression and low levels of help-seeking (Iwamoto, Gordon, Oliveros et al., 2012). This can be a difficult contradiction to address as society values independence and its positive contributions to wellbeing even as it criticizes lack of help-seeking (Smith, Braunack-Mayer, Wittert and Warin, 2007).

The stigma associated with mental health help-seeking poses a severe barrier to addressing individuals' mental health needs (Heath, Brenner, Lannin, & Vogel, 2018), including perceptions of negative social attitudes towards mental health help-seeking and negative self-esteem in relation to mental health help-seeking (Komiya, Good, & Sherrod, 2000; Vogel, Wade, & Haake,

2006). Men are expected to be more negatively affected by such stigma than women (Staiger et al., 2020).

Help-seeking combines willingness to self-disclose with awareness that a health issue is concerning, knowledge of appropriate help-providers and one or more achievable activities (e.g. ease of accessing services, such as making an appointment). Protective factors that promote help-seeking include self-compassion (Booth, McDermott, Cheng and Borgogna, 2019; Heath, Brenner, Lannin and Vogel, 2018) and high levels of informal social support (Friedlander, Nazem, Fiske et al., 2012; Iwamoto, Gordon, Oliveros et al., 2012). Information campaigns fill a gap in knowledge of services but may not be sufficient to encourage the level of self-compassion and self-disclosure needed to support sustained help-seeking.

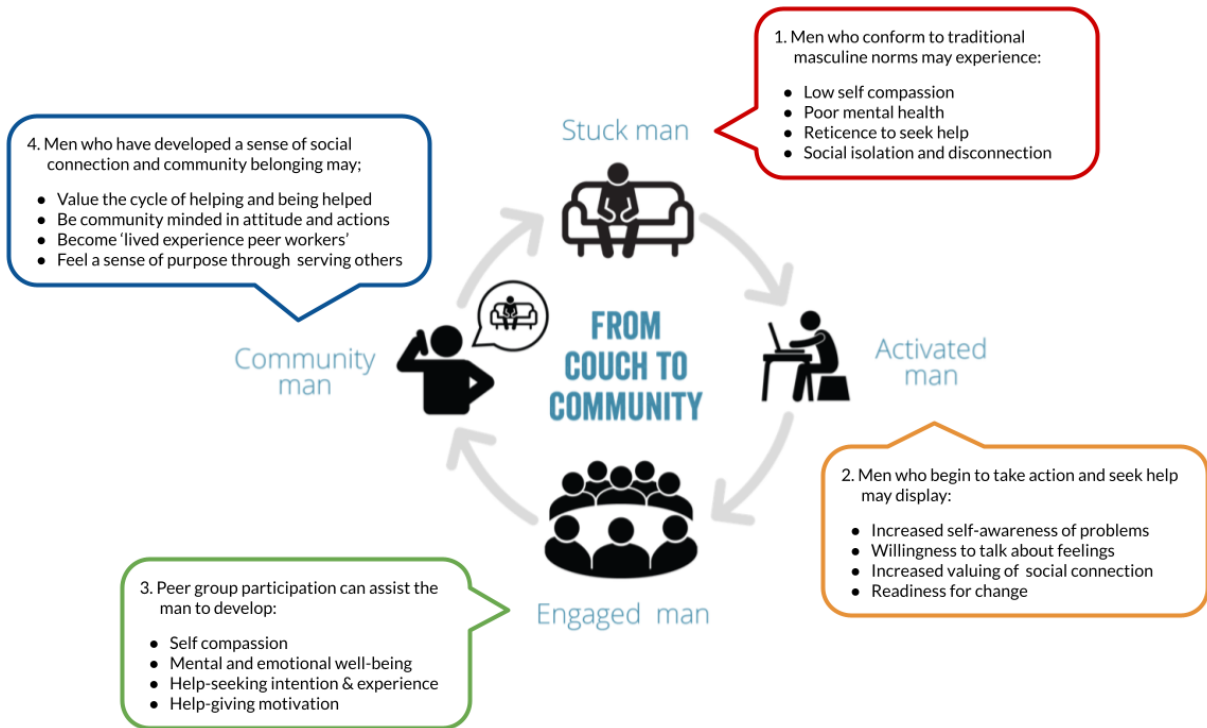
The Men's Table mission is: *'Healthy Men, Healthy Masculinities and Healthy Communities'* Evaluation of the existing Men's Table model suggested that, through their participation at a Table, men move from non-disclosure to mutual disclosure and from help-seeking to a desire to support others.

We hypothesize that harnessing the commitment of men who are already participating in a Table for peer-to-peer outreach will provide an effective way of engaging men who are reluctant help-seekers.

**Hypothesis:** Men who conform to traditional masculine norms are more likely to experience low levels of self-compassion and relatively high levels of self-stigma related to vulnerability and help-seeking. These characteristics reduce their intention to seek informal or professional help. Connection with a peer who is perceived to be an equal has the potential to reduce the barrier of self-stigma and increase self-awareness of problems.

***Participation in a peer group has the potential to increase emotional intelligence, self-compassion, and the ability to both seek and give help.***

Figure 1: Interrupting the cycle of stigma and isolation



## The Men's Table Peer to Peer Outreach Project

Since The Men's Table Model of Care was developed in 2020, further investigation has been conducted to develop a better understanding of help-seeking among males.

Evidence of the progression from help-seeker to help-giver for Men's Table participants prompted the development of a pilot skill development workshop "Step into Men's Work". This training is designed to equip volunteer Men's Table members with tools, resources, and campaign support to conduct outreach to their male peers (neighbours, co-workers, associates, and men in local communities) encouraging them to participate in The Men's Table program.

Three rounds of "Step into Men's Work" training were conducted in February, March, and June 2021 (see Appendix 1 for an outline of training content). The men who participated became the first point of contact for new men with 38 volunteers ultimately taking on the role of 'Welcome Buddies'. Using a combination of text messages, emails and phone calls, the outreach volunteers sought to have a conversation with the new men, listen to their needs, share their own personal stories of being at a Men's Table, and then inviting the men to attend an Entree as the next primary step toward participating at a Men's Table.

To investigate the effectiveness of this peer outreach strategy, a pilot program was implemented between January 2021 and July 2021 providing outreach to men who had made an initial enquiry through The Men's Table website. The practical goal was to engage 50 new men who had enquired about the Table program.

The purpose of the pilot was threefold;

1. Identify the effectiveness of men in the community conducting outreach to other men who may be reticent help seekers,
2. Compare the value of this approach to engagement with professional services, and to
3. Reveal more about the role of peer-to-peer support in supporting men's mental health. A focus for investigation was the value of the generative cycle of men being both help seekers and help givers; serving and being served.

To investigate the impact on men's help-seeking tendencies once they had been part of a Men's Table, we included questions in the Annual Table Survey about help-seeking behaviours and approaches prior to being a member of a Table, and now being a participant at a Table.

### Communications Campaign

Communications were key to encouraging new men to engage with Men's Table. Three strategies were used sequentially between January and June 2021:

1. *Campaign 1 January 2021 onwards* – Increase in regular social media supported by enhancement of general marketing and communications.
2. *Campaign 2 March 2021 onwards* - Targeted local campaigns directed to specific local government areas or regions where new Tables were in the process of forming.

- Campaign 3 June 2021** - Use of popular media; specifically an ABC Breakfast report including an interview with one of the Men's Table founders. With the support of the National Mental Health Commission, Men's Table negotiated a television segment on men's health needs and the Men's Table approach. This was followed up with an intensive evening, where 8 volunteer men conducted online outreach follow ups to 75 men who had enquired during the 2 days after the ABC report.

## Evaluation

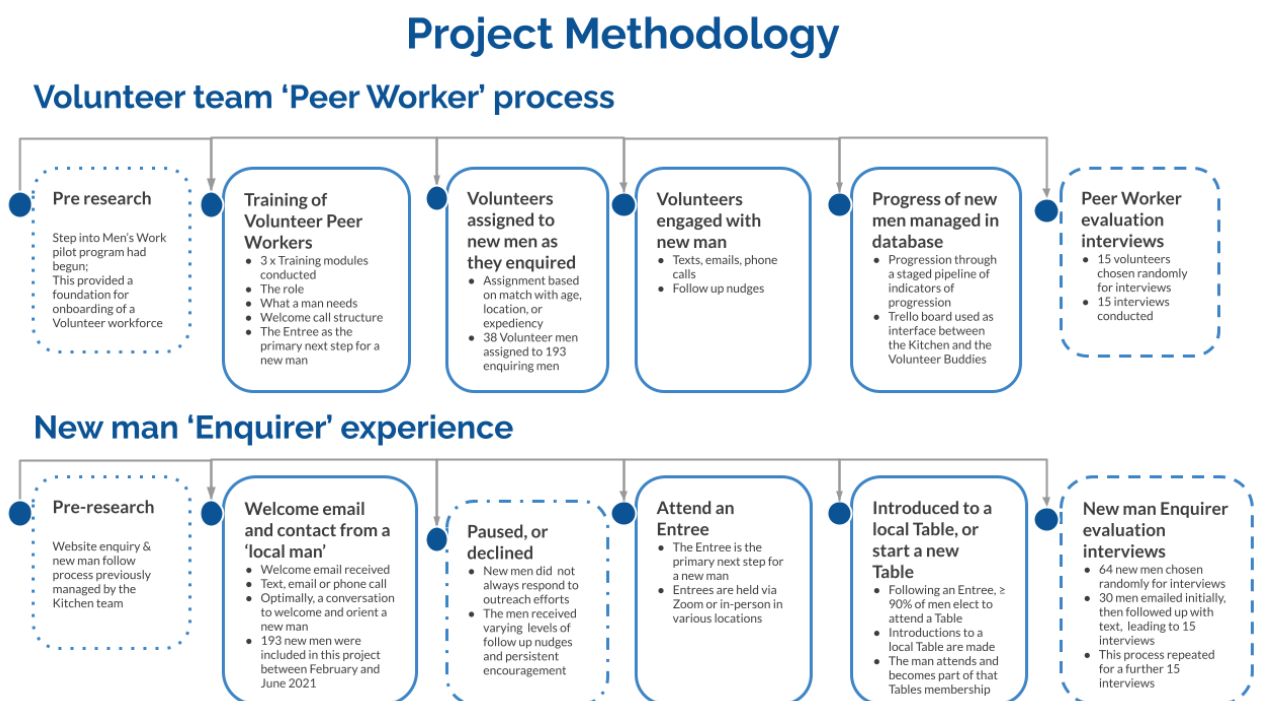
During the communications campaign, 191 Enquirers were paired with an outreach Volunteer Peer Worker (termed a 'Welcome Buddy') to help them to make the decision to join a Table. A sample of 63 of these enquirers was selected based on the date of enquiry and the stage of progress from enquiry to ensure representation of men who were influenced by different elements in the communications campaign. These men were invited to participate in qualitative interviews and of the 63 invited, 30 participated in an interview.

A sample of 15 volunteer Peer Workers were also randomly selected and interviewed about their experience in peer-to-peer outreach.

All interviews were conducted via Zoom or phone. The calls were recorded, and transcriptions of the calls were analysed.

Intern students from WSU sat in on a selection of the interviews, and then contributed to initial analysis of interview transcripts.

Figure 2: Project Methodology





## The Men on the Couch

Interviewees were aged from 28-70, with the majority (77%) being between 40 - 70 years of age. Most were living with a partner and/or family members. Half (50%) were in full time employment or were self-employed and a further 6% were employed in part time or casual roles. Only 27% were retired and 3% were unemployed.

The Australian Institute of Health and Welfare reports that the largest cohort of men completing suicide in Australia is between 40 - 49, with 3 out of 4 suicides being male. Lifeline reports that each suicide has a direct affect on 135 people.

These men were experiencing diverse life challenges, with a common theme of a sense of social disconnection and isolation from their social roots. Themes identified in the interview feedback indicate that the group had many of the expected characteristics of socially isolated men: adherence to traditional masculine norms, loss of relationships and complex social challenges.

### Disconnection - “I lost contact”

The majority (53%) indicated that their aim in reaching out to the Men’s Table was to improve their sense of connection and develop new friendships. A quarter of the men in the sample also identified the breakdown of a significant relationship as a factor in reaching out to the Men’s Table.

How people function in relationships with others is a key part of mental health (Seebohm, Chaudhary, Boyce et al., 2013). Being disconnected from others (e.g. small social network) and feeling isolated (e.g. feeling a lack of support, loneliness) increase the risks for mental illness (Santini, Jose, Cornwell et al., 2020). Men lose contact with friends, family or group activities over time for a variety of reasons e.g. moving, unemployment, retirement, divorce, death. It has been suggested that men invest less than women in maintaining their social networks, leading to a decline in friendships after the age of 30 (Bhattacharya, Gosh, Monsivais et al., 2016).

Volunteer interviewers identified that a strong sense of social isolation and loneliness was the main trigger for them to find out about men’s organisations. The common element was the loss of trusted relationships and the difficulty in establishing new relationships in adult life. The need to connect was the dominant driver for men reaching out.

*“I guess that for somebody like me, so many of my contacts over a long time have been in business. I’ve worked in the sector for many, many years. And when you leave it was pretty full on.”*

*"I moved to Australia 10 years ago. I don't have huge amounts of friendships outside of work. I have a pretty small circle in terms of, you know, discussing kind of private matters. I don't have a huge network of people that I could discuss issues that are going on in my life."*

*"I had been going through a point where I lost track of friends. I needed to make a new start."*

*"I think a lot of it resulted from the fact of a recent relationship breakup as well. I was recently dumped out of a two and a half year relationship. And yeah, sort of hit me for six a bit."*

## **Complexity - "It was a terrible period really"**

While some men talked about a single issue that prompted them to reach out, others talked about clusters of life challenges that all happened within a short period of time. Each individual event may have seemed manageable but when problems accumulated it made the men more aware of their vulnerability.

*"Went through probably the triple whammy, just after turning 50. I had a marriage breakup; almost simultaneously, I was diagnosed with bowel cancer. And then just to add to the fun and games, during the period of time that I was off work recovering, I lost my job. So it was a terrible period, really."*

*"Recently moved... lost a job and started shift work. Lost contact with my friends. Every ounce of leave was used to support my [severely unwell relative]. Wife in early 2020 was suicidal and hasn't worked since. In January this year she was diagnosed with dementia. Lots of trauma. Crescendo over the past couple of years."*

## **Masculine Norms - "It's my job to fix it"**

As predicted most men were influenced by the expectation that men must be seen to be strong and in control. Themes focussed on the expectations that as men they were fixers of problems and not people who talk about problems.

*"Was brought up from a generation where men had to get themselves out of the poo they're in. Women have their chin wags. Men go to work."*

*"I didn't ask for help, you're expected to fix yourself"*

*"Think my general tendency is to try and solve it myself. And I think men are classically kind of fixers anyway."*

*"I guess I've grown up as a typical middle class, suburban Australian bloke who doesn't show his feelings. With your mates you talk about football and punting and all that sort of stuff."*

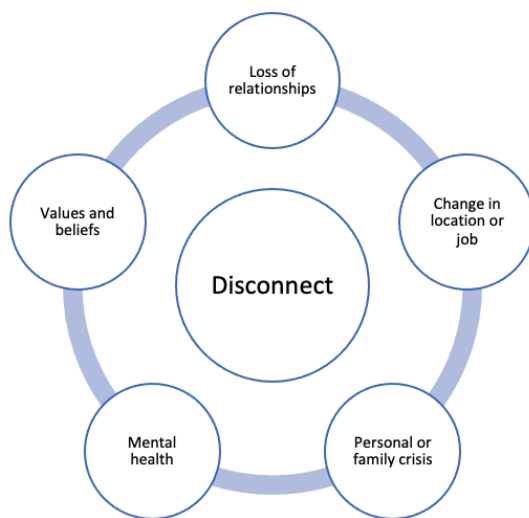
*"It's just like an accepted norm, isn't it? Boys don't cry, you know, you don't share what you're going through emotionally."*

Talking about problems is seen as adding to the burdens of others rather than as a helpful strategy e.g. “Don’t want to burden people with your own shit”.

There was also an element of comparing other people's lives with one's own. The perception that other people were coping well in life increased the reluctance to disclose personal difficulties.

*“Everyone's got this sort of normal life of getting married and having kids and getting a house. I still don't know what these people on normal life paths are actually going through, whether they have identity issues or not, they just don't seem to own up to them.”*

Figure 3: Factors that contribute to social disconnection



A range of traditional Western masculine norms are described in the literature: emotional control, winning, playboy, violence, self-reliance, risk-taking, power over women, primacy of work, and heterosexual self-presentation (Parent & Moradi, 2009). Of these norms, emotional control and self-reliance were the most important to the men enquiring about Men’s Table.

The gendered experience of a man’s self-worth based on their sense of traditional masculinity contributes to disparities in men’s mental health help-seeking (Burkley, Wong, & Bell, 2016). Mental health issues (e.g., depression) and help-seeking are argued to be incompatible with traditional masculine norms as they are associated with less emotional control, powerlessness, vulnerability, and reliance on others (Staiger et al., 2020). The mental health help-seeking stigma prevalent in society is potentially compounded threefold by masculine norms (Seidler et al., 2016). Gender norms and social isolation together form a significant barrier to men accessing mental health services (Cramer et al., 2014; Staiger et al., 2020).



## A Safe Space - “I needed a place to really talk”

Most interviewees described their help-seeking as being related to their desire to make new connections and reduce their sense of isolation; 57% were seeking to create new connections or to make new friendships. This need for connection was balanced with a sense of vulnerability that is consistent with reticence and reluctant help-seeking. They were wary of change and uncomfortable with the idea of opening up in front of strangers.

*“Unable to connect with some of my male friends. Feel a bit vulnerable to talk openly to the failures, the craziness.”*

*“I have a real sense of vulnerability in opening up to others.”*

*“Sometimes men are not good at putting themselves out there. Fear of rejection. Fear of being put in a situation where they might feel awkward. We size each other up, make judgements. Is this person a threat? There is a reluctance to open up unless someone else opens up first and shows vulnerability.” (Volunteer peer worker)*

The Men’s Table has previously found that men who participate in Tables identify access to a safe and non-judgemental setting as a key benefit in participation at a Table (Pointon et al., 2020). A key theme is that men do not feel that they have a safe space where they can talk about their issues. Men’s Table provides a space where they can talk about their lives without judgement or unwanted advice. This benefit was also perceived in the process of peer outreach. The volunteer peer workers found that men were looking for a space that felt safe and non-judgemental which would help them to overcome the barriers to self-disclosure e.g.

*“A safe environment. An avenue to unload, a lot of problems, not easy to do this in their social circles.” (Volunteer peer worker)*

*“There’s something missing in their lives. Some form of fellowship, where they haven’t had that before.” (Volunteer peer worker)*

*“A social connection every single time. And that was mostly for friendship. It wasn’t necessarily that anything was going wrong in their lives, they had in all cases lost touch with friends over a period of time and wanted to establish a connection with other men.” (Volunteer peer worker)*

*“Men are scared of seeking out help, especially difficult trying to find safe spaces.”*

The men were seeking to be part of something, rather than simply networking. They had reached a point in life when good friends were no longer around and were looking for a deeper connection. Some required professional help for mental health issues, yet this was not seen as sufficient to meet their needs for social connection.

## Case Study 1 - Graham's Story; 'I feel disconnected & anxious'

*I really reached out because I was just looking for some other sort of connections. For me, personally, I think I've got so consumed up in family life and that sort of stuff that I've lost connection with other men around my age. I feel a little bit on edge lately. I really believe that it stems back to sort of the point where we had kids, and you start to lose connection because they start to consume your life. I never go out for myself, do you know what I mean. I don't tend to do things for myself.*

*I've got a lot of acquaintances through work, but they're not really friends.*

*If I was to attend something, that might be what I needed. I suppose I'm worried about the acceptance around it. My wife did say, "Well, why do you want to go to that?". I'm probably my worst own worst enemy. I sort of hold back for fear of what other people will think about it, or what other people will say about it, or that they will question why I wanted to do it.*

*I'm getting a bit emotional now. And so I also worry that I'll end up like this if I come to one of the meetings.*

*I do shift work, so I have a hesitancy to really commit to anything. And this is why I never became involved in things like parents and friends at school and that sort of stuff. Because shift work rules your life.*

*Then because of the lockdown, work has been off and on. Just in this last fortnight when I've been not working I've been packing groceries at Woolworths at night. You know, at 50 I didn't think I'd be doing that. I can offer more than to pack a grocery bag at my age.*

*I have conversations with someone here at work quite often. We're friends and so quite often I'll drop into his office, and we'll have a coffee and a chat. I know that I can walk into his office and say whatever I want to say. That's been a big help.*

*I have a fair bit of discomfort in seeking help for my anxiety and loneliness, I suppose it is. I would dearly love to participate in face-to-face meetings and find "genuine people".*

*I think The Men's Table could be a good place for me to get to know some new people, some men I don't know. It's probably easier for me to tell them because they really don't know me that well, outside of work. Do you know what I mean? Whereas I'm less hesitant to open up to say what I feel. What I've just expressed to you I probably wouldn't express to my best mate.*

*However, my anxiety does get in the way of what I would like to do and I haven't quite got to an Entrée as yet, I plan to. It will be much easier once the meetings are back in-person again.*



## Stepping off the couch and into the unknown

When men start to look for ways to connect with others, they are using self-help rather than framing their actions as help-seeking. As they do this, they must navigate the unfamiliar territory of men's services and health services and make choices between options that may not seem to directly meet their needs.

### Self-help - "Digging myself out"

Most of the men interviewed (73%) were already using a combination of activities to maintain their wellbeing. Types of help explored included:

- Talking with close friends and family (24%)
- Meeting with a therapist/ counsellor or GP (20%)
- Reaching out when needed - not specified to whom (17%)
- Using shared physical activity/sport with others (7%)
- Using Google or Twitter (7%)
- Alcohol (7%)
- Volunteering (3%)

*"Digging myself out. I speak to my kids and partner. Haven't seen any of them for three months. Trying to keep myself busy. Having trouble motivating myself."*

Men were not failing to seek help; rather they were searching for the right kind of help for their circumstances. Interviewers described the men as "really ready, in as much as they have thought through other options".

### Reticence or curiosity - "Something about it caught my eye"

Many men came to the Men's Table with a sense of curiosity looking for something not yet found in other service options. The pilot project demonstrates similar outcomes to other studies (see for example summary in Seidler, Dawes, Rice et al., 2016): men are aware of their needs and will seek help when that help is easy to access, engaging and fits with their understanding of themselves. Men are casually searching for opportunities to connect with others without necessarily knowing what to look for. There is a low-key level of background interest which can be activated. They are looking for men who they feel able to relate to, most likely based on age, appearance, professional background, and specific interests.

*“Curiosity at the beginning, more about connection. All the friends I've got, none of them mix and we do activities. Different friends are part of different groups. They don't really mix and we don't really talk about feelings.”*

*“Well, I didn't know anything about you. That's the starting point. Something popped into my Facebook inbox and I thought, well, I don't know anything about this, but I was interested in it. There is a relatively limited amount of support for blokes. So in that respect, I found it interesting, but I didn't know much about it. So it was exploratory and to find out more. Probably have to say curiosity primarily.”*

*“I guess just finding out more about things like the men's table, you know what I mean? Where you're going through shit, and you want to talk to people, but you don't want to clog up the Suicide Prevention lines. Because it's not that chronic, you know what, I mean?”*

## **The Impact of Covid-19**

The pilot was conducted during a period of Covid 19 health directives and restricted social interaction. It is clear from the responses that Covid has played a role both in increasing the sense of isolation and in influencing whether men will engage with Men's Table or not. The impact of increased social isolation appears to have also increased awareness of the need to overcome isolation and may therefore have increased the rate of response to the communications campaign.

The widespread lockdown in the second half of 2021, which started soon after the third communication campaign in June, significantly slowed enquiry rates and reduced the need for volunteer peer outreach.

Reliance on virtual connection rather than face-to-face meetings presented a barrier for some enquirers. While some welcomed the ease of video conferencing others expressed a clear preference for face-to-face contact.

*“Would have preferred to sort of have that sort of face to face kind of contact and just see a few other people and just, you know, get that feeling. Whether it feels right or not. I mean, I don't really know whether Men's Table is the right answer or not.”*

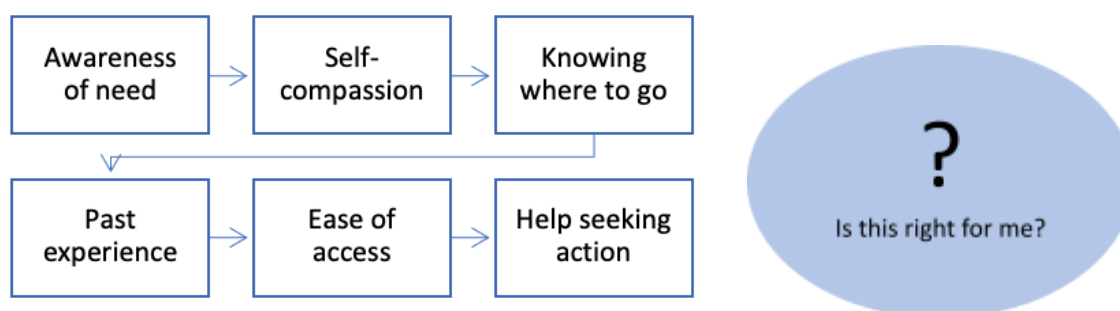
## **Hesitant First Steps - “It felt like a big step”**

*“Took a big step in reaching out to the Men's Table. Haven't contacted Lifeline or Salvos.”*

*“I was hesitant to step forward. I was confused”.*

Deciding to act on curiosity (making an enquiry) and deciding to make the commitment to join a Table are different steps, both influenced by competing life factors, beliefs, and previous experiences. Responses could be split into two groups: practical issues like available money and time, and personal comfort, feeling safe and welcome.

Figure 4: Decision making factors in help-seeking



People are generally more likely to choose to maintain their current status than seek change, especially when there is an element of risk or uncertainty about the outcomes of the decision (Alos-Ferrer, Hugelschafer and Li, 2016; Sautua, 2017). The decision to avoid change could be framed as a functional response that helps the man to feel safe and in control at times of chaos or distress in their life. Staying on the couch can seem much safer than joining a new group.

*“I wasn’t sure how I would fit in. Sometimes you feel like you’re too old or too unique or wondering what sort of spectrum these guys come from.”*

*“I wouldn’t want to be one of those people that sort of commit to something and then don’t do it. And then, you know, that’s not really right. So, yeah, I haven’t really necessarily resolved that commitment issue from my side, whether that would be possible to commit to that.”*

One common but unhelpful response to uncertainty was inertia. In follow-up interviews with men who had chosen not to engage with Men’s Table there were several responses indicating that the man had chosen to make no changes at this time e.g. *‘Haven’t taken it further. Went deeper into my own hole.’*

### **Not broken - “I didn’t need someone to fix me”**

Some of the men have needed professional mental health support. The professional help they received was experienced as insufficient to meet their need for connection. There was a perception that clinical services emphasised ‘brokenness’ and the need for the man to be ‘fixed’. They do not see themselves as broken. They are doing the best they can for their own wellbeing, and they want to find ways to strengthen this. They want choice, agency, and connection whereas they experience a ‘deficit’ orientation in how they are supported as health ‘consumers’.

*“Typically, I use counsellors and typically I make appointments with them. I’ve been doing this for a while, I’ve learned that counsellors are very strict over this. That is, you know, you wait. If you’ve got a problem, you wait, if you want to speak to a counsellor, you’ve got to wait for an appointment. And you have to tide yourself over until you get there.”*

*“If there’s a doctor or psychologist or therapy, then you are flawed. There’s some problem. When a guy gets a call, it’s a different feeling. A guy didn’t have to have any big thing going on, didn’t come to it through a crisis.”*

*“On medication twice. When you go to the doctors it is a never ending story.”*

*“The other services are transactional. So, once the phones hang up, you know, that’s the end of the transaction. Whereas this was more of an open opportunity.”*

*“There is such a long wait to get an appointment now and it is energy sapping just waiting around.”*

## **Helping whilst being helped - “I’ve got stuff to offer others”**

Men were actively seeking to help themselves rather than asking for help. In this context, the opportunity to offer help to others, even in something as simple as agreeing to participate in an evaluation interview, was a motivator for engagement. Connecting with men in this self-help stage of uncertain curiosity may enable them to act before illness or despair develops.

Reciprocity, giving help to others, seems to act as a counterbalance to the loss of self-esteem experienced through disconnection and crisis in their own life e.g. *“Had mental health struggles. Didn’t really talk about emotions. It’s a cultural thing. Attempted to take my own life. Want to help others feel they can talk”*

The Men’s Table was experienced as trustworthy and offering a sense of belonging when compared to “generic agencies”. In contrast to the transactional nature of health services, the Men’s Table was described as offering a positive means to get to know other men. The Men’s Table model of mutual peer support has advantages for men who are seeking connection without the negative implications of ‘needing professional help’.

*“Men don’t naturally seek out help. MT gives them permission to do that. Doesn’t have the ring of a support group. It is a bunch of guys having a drink, talking through stuff.” (Volunteer Peer Worker)*

*“Female friend suggested to reach out to men’s groups. Men’s Table seemed more pertinent [than treatment for depression]. Felt relaxed about that.”*

However, the Men’s Table model is open to misinterpretation and is sometimes confused with group therapy. For effective outreach there needs to be greater clarity around what the model is really like in practice and what the men who participate at Tables experience.

*“Don’t know what to expect. Guys are put off if they think it’s like group therapy.”*

*“There is a gap between what people think goes on and what actually goes on. Maybe something in their background makes them see a support group or hippy trippy. That’s the key thing that MT is up against.”*

## Case Study 2 - Owen's story; 'My relationship ended'

*After a messy divorce some years ago, my intimate relationship of 2 ½ years just came to an abrupt end. I didn't see it coming, it really threw me. I was devastated and needed to find some new connections so I could talk about what was going on and why had this happened? I needed to get my emotions out.*

*The relationship was so wonderful that it sort of sealed over the cracks of, you know, having a crap job that's going nowhere that I hate and it's just hit me harder, I guess, than anything in my life to date.*

*It's like an accepted norm, isn't it, that boys don't cry, you don't share what you're going through emotionally? Everyone's got this sort of normal life of getting married and having kids and getting a house, and all of a sudden that came to an end.*

*I've grown up as a typical middle class, suburban Australian bloke who doesn't show his feelings. I've got a group of mates who talk about football and punting and all that sort of stuff. (I now know The Men's Table refer to it as "footy and shit", I like that a lot)*

*My group of friends could not relate to what I was going through. They felt awkward and "shut me down" when I tried to share emotional issues. I was really unhappy and hurt at not being able to really be listened to by my close friends.*

*"You'll be alright mate" is such a pointless statement. I realised that I needed to find new male friends who I could talk to about things at a deeper level, not just at the normal male superficial level.*

*Covid restrictions also limited my capacity to meet with friends. So, I decided to turn my focus back to my old love of physical activities such as running on the beach and Kung Fu, as well as joining an online meditation group. More so than just getting physical I have made a real effort to reach out to meet some other men in my local area.*

*I saw an advert on Facebook for the Men's Table. I made contact just to learn a little bit more about how the Men's Table operated. I then sought out new male friends to establish some connection and to find mates I could really talk to and be heard.*

*The guy who gave me a call made it a bit more real, made it feel real. Yeah. He was genuine; it's probably not the correct words to use but he was authentic and practical.*

## From Curiosity to Participation - Getting into action

At the start of the pilot project a series of stages were identified to reflect a new man's progression from enquiry toward activation and then engagement based on their engagement with a Table.

The expected stages of progression were:

1. *Enquiry* – self-motivated action prompted by a communication campaign. A welcome email was automatically sent upon receipt of enquiry. This stage represents conversion from casual interest to motivate enquiry.
2. *Contact* – initial contact involving a phone message or email leading to a telephone or video conversation between a peer outreach worker and the enquirer.
3. *Engagement* – the enquirer registered for an entrée session. The entrée is the primary onboarding experience for a new man prior to joining a local Men's Table. It is a 90-minute virtual or 120 minute in-person forum.
4. *Participation* – introduction to a Table with the intention of on-going participation. In some cases, participation included identification as a potential co-host of a new Table.

At each stage, some men made the decision to progress while others withdrew from or paused in the process.

This movement from inactivity to activity on mental health issues can be conceptualised within the Transtheoretical Model of Behaviour Change (Prochaska & DiClemente 2005), as depicted below.

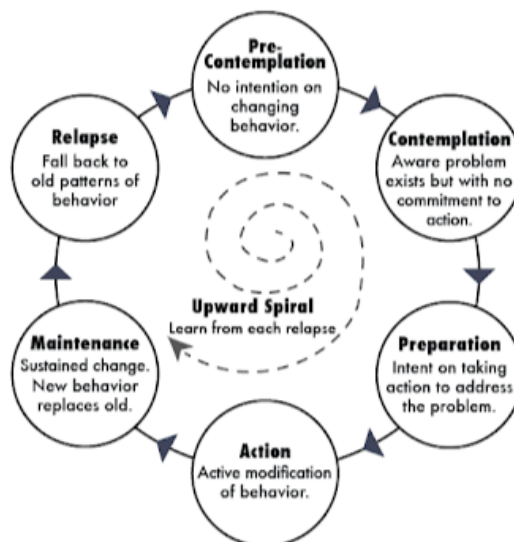


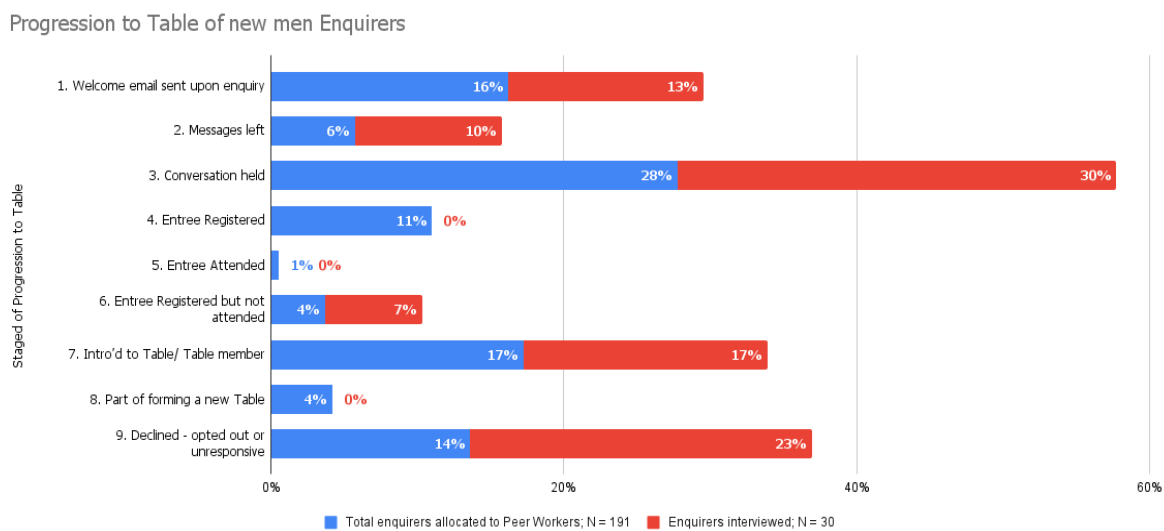
Fig: 5 Transtheoretical Model of Behaviour Change (Prochaska & DiClemente 2005)



Enabling men to move through the stages can take many forms, whether it is an initial suggestion from family or friends or coming across information incidentally through the media. Prochaska and DiClemente (2005) suggest that a crisis is often the first motivating factor, but that external influences or prompts are equally important for facilitating progression to taking and maintaining action. This is consistent with evaluation feedback: information and prompting from friends helped to prepare men for change. Peer outreach supported the early stages of action.

Of the 30 new men interviewees, 16 took action after the interview, either obtaining more information or progressing further toward Table participation. At the end of the evaluation period, five had become regular Table members while two men helped to start new Tables and two had registered for forthcoming Entrée meetings. This represents 30% of interviewees who became actively connected with the Men’s Table. By comparison, 41 men (21.47%) from the whole group of enquirers (n=191) progressed from enquiry to attending one or more Men’s Table meetings. The slightly higher rate of participation for the sample group may reflect the impact of increased communication with these men through the interview process. A longer period of contact was shown to improve progress.

Figure 6: From enquiry to commitment: Making the decision to join a Table.



## Stage 1: Encouraging Enquiry

### Looking for Information

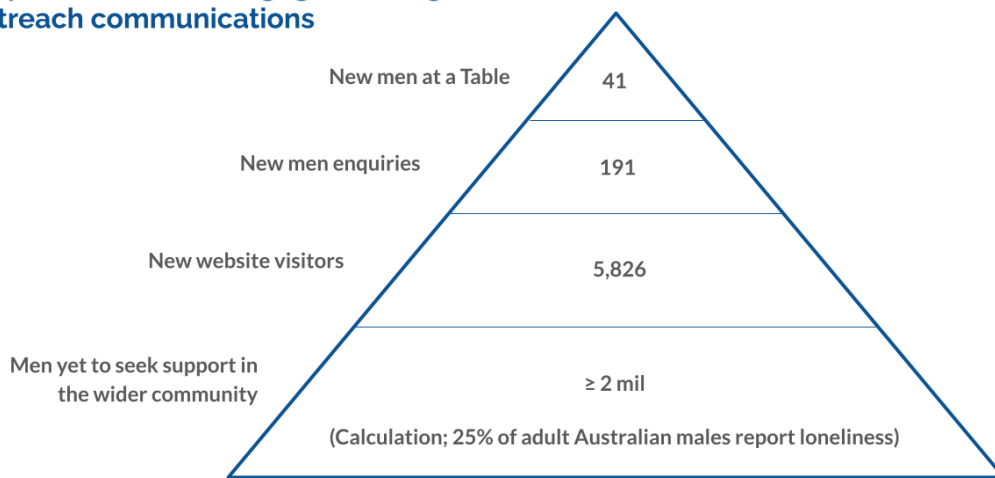
During the communication campaign there was a steady increase in enquiries from an average of 4 to 5 enquiries per month in the 5 months August to December 2020 to an average of 22 to 23 enquiries per month for the first 5 months of the communications campaign.

The ABC television report in June saw a spike in enquiries, with 120 enquiries received in one month. Behind this sits a much larger pattern of interest demonstrated by new visitors to the Men’s Table website.

In January 2021, 346 new visitors explored the site. At the end of the communication campaign in June, 2,652 new visitors were recorded. In total 5,862 new visitors showed interest in social connection through the Men’s Table between January and June.

Figure 7: Proportions of men engaged through outreach communications

### Proportions of men engaged through outreach communications



### The importance of outreach communications

For the equivalent period in 2020, the total new website visitors was 1,077, a five times growth of awareness and initial online searches.

These statistics demonstrate that outreach communication to men is important to help them get started. When interviewees were asked what The Men’s Table could do to make it easier for men to get connection and support, 37% suggested more widespread communications and outreach would be useful so that more men are aware of it as an option.

### Engaging regional & rural men as well as metropolitan men

The new men enquirers came from diverse locations across Australia. 68% of men were based in capital cities, with over half of those in Sydney, one in five from Melbourne and small proportions from all other capital cities apart from Darwin. The high rate of response from men in Sydney may reflect the origins of Men’s Table in Sydney and the number of established Tables in this area.

The other 32% of enquirers live in regional Australia, with the same proportions again from regional NSW and Victoria, and smaller representations in regional Queensland, South Australia, Tasmania and Western Australia. As Men's Table grows it is becoming evident that the model is equally appropriate for regional and metropolitan communities however, there is a need to establish presence in each local community.

While the ABC television program in June attracted a high level of interest, it is clear from interview responses that men were using multiple sources of information including general online search, Facebook and local newspapers, before they made the decision to make an inquiry. Friends also played a role in bringing Men's Table to people's notice. Diverse communication strategies working together seems to have been the key to connection.

*"ABC TV hit a raw nerve. Was going into a dark spot. Looked online. The nerve that was struck was "I'm not alone".*

*"Looked up you guys on Facebook, was searching for men's help, men's support groups. Even back then I knew I had to do something. But that goes back a long time, but it was in my head, so that when I realised I needed to do something you were the only ones in my mind."*

*"I saw your segment on News Breakfast this morning and I am interested in joining a Men's Table in the [town] area."*

Men are looking for 'people like me'. Individuals suggested practical improvements to communication strategies such as:

- Greater diversity in images representing men of different ages, professional backgrounds, and ethnic groups, so that men could identify with those men.
- Promoting more personal stories to help men to identify with the service.
- Promoting in areas where there was a service (in this instance a Table) ready for the man to join.
- Taking a more relaxed approach during outreach contact to make the process seem less intimidating.

*"Saw photos at the Table, looked relaxed and similar age, I sort of could relate to. It looked casual."*

*"I saw something on the TV and it caught my attention. I thought I would reach out, then I stopped as I got the impression it was for older men, more professional men. So I stopped because of that. I saw the website and the same older men on there. I was curious initially after the TV piece and was looking for some connection with men as I am a new father."*

## **Stage 2: Peer Outreach – 'Someone Like Me'**

The most effective outreach strategies are likely to be those that are involving, building trusting relationships that support open communication (Robertson, Gough et al., 2018). Direct and personal communication was regarded as a positive factor in their consideration of

joining a Men's Table. Twenty eight of the thirty interviewees expressed appreciation for the communications they had experienced with a Men's Table peer outreach worker. There was a clear preference for personal contact (e.g. phone calls) with a conversational tone and a focus on sharing from experience rather than specifically inviting involvement at a Table.

The process of constructed mateship, in which outreach workers intentionally build a warm, friendly relationship with their contact to quickly develop rapport provides a positive environment in which men can speak openly about personal issues (Smith and Braunack-Mayer, 2014). The experience of real connection provides the bridge from traditional 'stoic' masculine norms to positive help-seeking and help-giving (Johnson, Oliffe, Kelly et al., 2012).

*"The empathy and compassion comes from someone who has had the lived experience of what you may be going through is often a lot more powerful. Men typically want to hear that I'm not alone in this, I'm not the only one that's experiencing what I am going through."*

*"Definitely was a good experience. [Name] was very personable very friendly, just knowing that its just another man and not an expert trying to fix you, made the whole process of getting engaged much easier"*

*"Hell yeah, "you are talking to a real person" I talked to somebody who is genuine and I could easily relate to."*

Current norms of communication make men less likely to answer telephone calls from unknown sources e.g. *"I didn't speak and couldn't comply with the requirements and couldn't see my way through the fog to get a positive response. Don't normally respond to a phone call if I don't know number."*

However, once the contact was established Volunteer Peer Workers found that the personal approach was well regarded and seen as a point of difference to other organisations. Most volunteers were happy with the peer-to-peer contact format and felt safe and comfortable sharing from their own experience of being at a Table and creating a sense of connection with a new person. Having volunteers open up and share their stories, decreased the anxieties about opening up and being vulnerable experienced by the enquirers.

### **Stage 3: Extended Engagement - 'Nudging not nagging'**

The pilot project found that the simple four step model from enquiry to participation did not adequately reflect the level of activity in the engagement period. Men required more than an invitation to attend a meeting. They voiced strong support for a persistent pattern of personal contact, establishing rapport and connection with the volunteer before feeling ready to join a Table. Many men recognised their needs but clearly needed little nudges to push them out of their existing comfort zones.

Nudges were defined as patient and persistent re-engagement that re-opens issues for discussion without demanding a response. This helps to foster a sense of safety, equality and

trust in the relationship, while keeping the door open for self-directed change rather than taking away the man's sense of agency.

*"Made a huge difference. [Name] followed up with me and stayed very close until I was at a Table. In fact accompanied me to the Table."*

*"How do you build a comfort level so that people can open up? A friend who checks in with me regularly builds confidence. You kept persisting. You kept trying. The fact that you guys rang me and then to see your email, it is that checking in. My mate checks in once a week. That little checking in makes all the difference. Consistency of that contact and building that relationship over time, made it OK."*

Following the research project and allocation of volunteer peer workers, The Men's Table has undertaken a subsequent stage of learning and experimentation relating to the timely nudges of men. This included implementing an upgraded Customer Relationship Management system, and bringing the role of Welcome Buddy 'in-house' to be conducted primarily by three members of the Kitchen (our Head Office), Justin Topley, Michael Collins and Michael Lofaro.

Through a diligent, organised and personable approach to the Welcome Buddy role, these men have further developed this process into a repeatable 'art form' and are continuing to experiment with effective strategies to nudge men towards commitment. There is further work to be done to identify how to listen for what a man needs in terms of further contact.

### **Getting the timing right**

The timing and frequency of nudges makes a difference. For example, for men who have made contact and had a welcome conversation, but not yet stepped into an Entree, another nudge in the week leading up to a next Entree can be all they need to take that next step and register.

Following a 'nudge' one interviewee observed that *"this conversation has made it more transparent. Not being annoying and the timing might be better [this time]."*

*"After what I found out in March after I've reached out, it was too much. Forgot all about your group. But now the timing is great. I am in a better place to talk with a stranger."*

Internally, an effective 'customer relationship management' platform was found to be important in enabling timely nudges as well as allowing for more collection of high quality data.

### **Rapport and trust building**

The thoughtful use of text and phone call communication has been found important to establish personal rapport. In a text, the tone of respectful outreach can be established. A typical first greeting text to men reads;

“Hi <Firstname>. I hope you’ve been well. My name is \_\_ and I’ll call you soon with regards to your interest in The Men’s Table. If this is not a good time, please let me know a time that best suits you. Warm regards”

This initiates the opportunity to maintain a friendly, but professional communication pattern. In most cases, whether the timing is now or later, the man will ultimately be willing to accept a call and an initial conversation. Beyond that, if he has not yet taken action in stepping toward the program, but has also not indicated he is declining, then further text and email communication is made initially after a fortnight or so, and then again in a month, and so on.

This is a two-way interaction. The offer of support must ultimately be met by a man’s willingness to participate in ongoing communication. Otherwise after a series of no responses, it becomes more apparent that the man is not wanting to engage, or is perhaps unable to at this time.

Listening to the needs of men is important. For example, a proportion of new men enquirers did not want to attend a virtual Entree during the lockdown period. These men are being re-contacted now that an in-person Entree is once again available, and they are responding positively to this personalised approach.

The approach to relationship building through these nudges is underpinned by values that are encapsulated in The Men’s Table Fundamentals, ( the foundations of how the Tables function.) Specifically:

1. Respect and embrace diversity - These early encounters with each new man is an opportunity to meet him as he is, and convey an invitation to show up ‘as himself’
2. You can just listen - Listening is a foundation of all effective and supportive communication. It is critical to the functioning of a Table, and extremely important in the early experiences of the new men.
3. Share from the heart, how you’re feeling - Giving new men the experience of being really heard often allows them to begin sharing about their circumstances, in some cases for the first time. This can be important early in relationship building.

### Shared Vulnerability

Peer training and outreach initiatives are one approach that has been used in specific populations such as adolescents, and men at risk of HIV (see for example Robertson, Gough et al., 2018; Aguirre, Silva et al., 2020). The peer outreach workers ability to be vulnerable and share within this conversation was an important factor in enabling the other man to open-up about personal issues.

One key identified by the volunteer interviewers was the ability to share from their personal experience. Allowing themselves to be vulnerable in the interaction provided an invitation to the enquirer to share. Shared vulnerability normalises both the life experiences that have brought men to the point of reaching out and the practice of sharing personal experiences.

*"It's crucial. Just make yourself vulnerable and then the other person will just become vulnerable."* (Volunteer peer worker)

*"Normalising it. Being light about it. Having some humour around it. Down to earth."* (Volunteer peer worker)

*"Awareness is key. Someone might not have a person in their life to open up first so they may think 'Oh, I'm alone in having these thoughts or need for support'."* (Volunteer peer worker)

*"It's important to have someone who is not associated with anything. I'm one guy talking to another guy."* (Volunteer peer worker)

These insights are echoed in suggestions from the men who were interviewed e.g. *"Sense of genuine, honest conversation with no pushing."* Hearing the real personal stories of peer outreach workers helps to make men feel more comfortable and able to share from their own experience.

*"If I hear 'Joe Blow' share that 'I joined a few months ago, it was challenging initially but it was the best start I could make in starting to talk about my stuff' - more down to earth stories. The emotional connection. Keeping it real. That is what is going to make me more comfortable."*

The role of volunteer peer outreach worker is not one that suits everyone's strengths and dispositions. We found that because of different personal strengths and approaches amongst the volunteers, some men who enquired did not have an optimal experience of supportive peer outreach. A robust approach to recruitment and training of volunteers is needed with a consistent process for welcoming new men and providing them the support and nudges they need to act.

Evaluation of the Men's Table volunteer interviewer experience and the outreach training materials indicated that a clearer definition of the role and accountability of peer outreach workers was required. The training material has continued to be developed in response to feedback to include:

- Sharing from broad life experience and experience at a Table rather than pushing for a decision to join a Table.
- Awareness of the variety of styles of men and different patterns of connection required as well as the common patterns, profiles and needs of the inquiring men.
- Maintaining proactive, timely nudges.
- Setting boundaries in the handling of enquiries, particularly in regard to men who may be experiencing mental illness and how to support them to move toward more suitable services.
- Safety protocols including self-care and supervision to support volunteers who engage with men with significant and complex mental health needs.

## Stage 4: Choosing to Participate - “It wasn’t quite what I was looking for”

Making an inquiry is not an indication that the man will immediately engage with a program. While peer led support groups specifically for men have been shown to provide support for men’s mental health (Staiger et al., 2020), the group must be the right choice for the individual.

*“Well, I attended the Entree meeting and whilst I was enthusiastic at the meeting afterwards, when I sat down and thought about it, I thought it actually wasn't what I've been looking for. And so, I didn't proceed with that. But I've decided to proceed with a rostrum group, which I can't because of the lockdown, my hands are tied now. But I'll be going and re-joining an old rostrum group that I used to be a member of years ago.”*

Understanding what will happen provides important reassurance for men who feel vulnerable and unsure about the right course of action to meet their needs. Having services readily accessible within the man’s local area is a practical but important point for engagement. Access is determined by location, by timing of events and by cost. Some men were concerned about attending evening events, particularly when they were no longer able to drive, while others expressed concern about the need to pay for a meal.

*“Like most men, I can be a victim of stoicism. And I am generally that figure in my family. So any attempt to get support is usually pretty private. Men have limited access points for support, and your chances of hitting on something that suits your needs are quite small.”*

For some men, the connection established with a peer through the outreach conversations was of sufficient value by itself. Conversations reduced feelings of isolation and motivated men to find other ways of socially connecting. We found that joining a Table was not necessarily the best indicator of progress. Connection and improving motivation for help-seeking were the most important indicators of success. What mattered for the men was that they felt connected to a sufficient extent to get them thinking and moving off the couch.

However, this benefit was only available to the 191 who made an inquiry. It is probable that many of the 5,862 people who viewed the Men’s Table website during this campaign are still looking for an opportunity to meet their need for connection.



## Case Study 3 - Ivan's Story; 'I'm new to the area'

*We just moved to a new part of town and I don't know anybody here. We lived further out in the suburbs for 20 years, raised the kids there and they're grown and gone. We've moved to a smaller place closer to the city and I've got no friends around me.*

*My wife actually found The Men's Table and pointed me towards it, because she and I are both looking at different ways of establishing your local contacts. And this is something that she thought I'd be interested*

*I was OK with that decision to move, it seemed like a logical move, we could see our family and help out where required. I was a little worried about losing my rugby mates I had just re-established after retirement, but off we went.*

*However, only 6 months after the move I realised that I was a bit of a spare wheel as my wife fully involved herself with kids, grandchildren and her book club. I suddenly felt very lost and alone, this at 65! I was a little confused about my role in life too.*

*I knew that it was going to be important for me to establish local connections in my new suburb. So I did take some action and joined the local rugby referees.*

*I read a little bit about what it is that The Men's Table is trying to do. As a man, it's tough to trust other people, you know, to trust strangers, I think we tend to be a bit like that. But yeah, I'm sort of encouraged by the whole thing.*

*I reached out and had a pretty positive interaction on the phone with one of your men. However, because I had never really shared stuff about me before I was a little hesitant.*

*I know I need to build my ability to talk about what is going on for me with my family and hopefully I can find friendship in the rugby community here.*

*I think The Men's Table concept is a good thing. One thing I'd say is that it would help if there were activities that the men do together; doing charitable work, getting out and helping others. Then the talking and sharing would be mixed with doing stuff together. Men like to be active.*

## Off the Couch and into Community

The 2021 Annual Men’s Table members survey was completed by 98 men across 12 Tables. Of the surveyed men, the average duration at a Table was 11.9 months and a median of 15 months.

### Changes in help seeking of men at Tables

A series of questions were asked relating to men’s typical help-seeking approaches before being at a Table, and since joining a Table. The options presented were clustered in two categories of behaviours and attitudes: a set of 4 less helpful, and 4 more helpful strategies. The framing of ‘help-seeking’ was ‘getting support or help when you felt stuck or troubled’

*Responses demonstrated statistically significant changes in men’s help-seeking tendencies since they had joined a Table.*

Overall, 45% of respondents engaged in one of the less helpful approaches before being at a Table. After being at a Table, only 11% of surveyed men used less helpful approaches. 32% of men used one or more of the more helpful approaches before joining a Table. After a year of participation, the use of more helpful strategies had increased to 66% of respondents.

Table 1 & 2: Changes in men’s help-seeking through participation at a Men’s Table

#### Less helpful approaches when stuck or troubled

	Before being at a Table	Now you’re at a Table
<input type="checkbox"/> Deal with it myself	76%	24%
<input type="checkbox"/> I bottle it up-find it hard to let it out	48%	8%
<input type="checkbox"/> Feel shame about weakness & vulnerability	31%	4%
<input type="checkbox"/> Use a substance to cope (E.g.alcohol, drugs)	24%	9%
<b>Average of respondents</b>	<b>45%</b>	<b>11%</b>

#### More helpful approaches when stuck or troubled

	Before being at a Table	Now you’re at a Table
<input type="checkbox"/> Reach out to someone I know for help	38%	74%
<input type="checkbox"/> Seek professional mental health support	31%	30%
<input type="checkbox"/> Try to share and be open about issues	29%	89%
<input type="checkbox"/> Learn to be OK with feeling vulnerable	31%	72%
<b>Average of respondents</b>	<b>32%</b>	<b>66%</b>

## Men's mental health at Tables

Men were asked about their experience of mental health and suicidality in the previous year.

- "In the past 12 months have you experienced mental health issues or been concerned about your mental health?"
- "In the past 12 months have you had times when you've felt life isn't worth living?"

**53% of Table members had experienced a mental health issue and 19% had experienced the feeling that life is not worth living.**

Participation in a Table does not remove life's challenges; it does however improve the ability to self-disclose and to seek help. The Table helped men with mental health issues, or feelings that life was not worth living, in the following ways:

*Prompted me to discover I had moderate depression.*

*Sounding board to help me deal with my issues before they became too much*

*Understand that at my age this (how I am feeling at the time) is normal.*

*Listening to my issues and understanding my emotions. The men on hand to support in whatever way possible.*

*Seeing that we all have struggles and feeling slowly I can reveal the true me. Being able to be open and raw and feel only support, compassion and understanding*

*"I think it is a testament to the Men's Table that I've had all my support needs covered by those monthly gatherings and the regular communication that we have between ourselves on WhatsApp outside of those catch ups."*

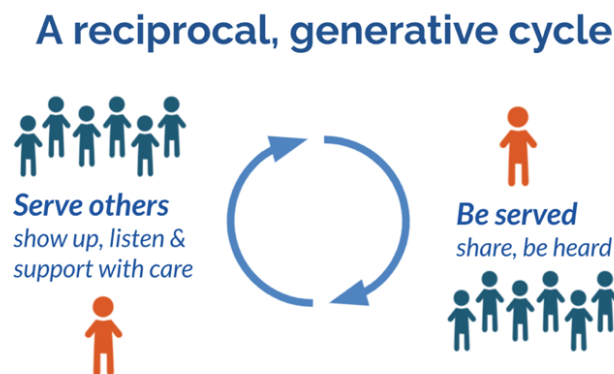
## A Circle of Help-seeking and Help-giving

Humans are a naturally social species and losing connection with others is known to have negative impacts on mental and physical health. Connections are built through shared experience where it is the ability to talk about the experience rather than the experience itself which creates the new bond.

Sharing experience – the ability to give voice to one's own experience and to understand that experience in the context of other people's experience – has been shown to enhance a range of life situations from happiness in everyday events (Lambert, Gwinn, Baumeister et al., 2013; Tamir, Burum & Mitchell, 2019), to the ability to recover from illness and natural disasters (Baker, Hunt & Rittenburg, 2007). It is a foundation of the concept of mutual peer support which is well established as a way of helping people to work through difficult situations in their lives (Mead & MacNeil, 2004).

The ability to share vulnerability has been shown to play a role in recovery, enabling people and communities to actively move themselves from a vulnerable state to a position of strength (Baker, Hunt & Rittenburg, 2007). Through the reciprocal sense of community that develops from affiliation with others with similar life experience, helping others becomes part of self-healing and empowers individuals to take personal responsibility for making change happen (Mead & MacNeil, 2004). The motivation to connect may be stronger than any other perceived benefit of the interaction (Tamir, Burum & Mitchell, 2019).

Figure 8: The Cycle of Help-receiving and Help giving



Peer groups characterised by a reciprocal giving and taking of support between members can support growth and development in members (e.g. Toseland and Rivas, 2017; DiNitoo & McNeece, 2007; McDermott, 2002). Men’s wellbeing develops in the group experience because there exists opportunity to:

- Share similar concerns, to gain support from and learn from others.
- Replicate social situations in which to test new skills.
- Find ways of connecting with each other as men that are not at the expense of women.
- Increase social networks and reduce isolation.

**The Men’s Tables are founded on mutual aid and reciprocity.**

They provide mechanisms for connection that more individualistic or psychotherapeutic interventions do not. Feedback from the annual survey highlights the importance of vulnerability, connection and giving to others.

*“Having the Table there, hearing the experiences there of men going through life experiences. Opening up and being honest. When you start doing that, it helps you to reflect. Get a lot of benefit out of it. It’s a privilege to give something back. Creates a sense of wellbeing that is useful and helpful.”*

*“The gift is in the giving. Being part of something. What I like about our Table is that no one has a position of authority. We can all contribute, we’re all part of it.”*

*"I've always had a problem with groups. MT has helped me to feel part of a group; wanting to be part of a larger community."*

*"It's a nice reciprocal cycle, we want to feel like we're doing something good for others."*

## **A 7th Model input of The Men's Table Model of Care**

The original Men's Table Model of Care outlined six key features of the Men's Table model:

1. Communal meals
2. Regular face-to-face meetings
3. Invitation to share feelings
4. Self-organising peer group
5. Ongoing commitment
6. Guidelines learned from existing Tables

A seventh feature of the model has emerged:

7. Reciprocity - Being served and serving others

The men serve themselves through the opportunity of talking 'about their stuff', and how they're really feeling, allowing them to unburden and have the gift of really being heard. At the same time, at each Table, they are there serving others, simply by showing up each month, being a dependable supporter, and listening with care and compassion.

Of the 15 volunteer peer outreach workers interviewed for this project, all affirmed that this reciprocal cycle is beneficial, rewarding and gives a sense of purpose in life.

*"We're all here because we want to give and that's the fundamental point... If you take that attitude, I think to get along (to the Table), because you're there to support the other 11 members of the group"*

*"My main motivation for coming to this table was actually to be of service. The gift is in the giving, it's you in being a part of something and helping other people... it always makes me feel better to try and help other people makes me feel better about my situation."*

*"It's a privilege to give something back and it's supportive for myself. It creates a sense of wellbeing that is useful and helpful your contribution is a shoulder to lean on. Giving is more beneficial than receiving."*

***Men's Table research has highlighted the progression that is possible for a man from being a reticent help-seeker, 'stuck on the couch', to being a proactive community contributor and help-giver.***

## Conclusion

The Men's Table Peer Outreach project enabled 191 men to reach out for connection and 41 to join a group with the intention of lifelong commitment to being part of a cycle of mutual support. Many more (5,862 new visitors) explored the idea of connection by visiting the Men's Table website in response to the outreach campaign.

Men approaching the Men's Table are aware of their social disconnection and are actively seeking opportunities to connect with people like themselves where they can share from experience. This is critical for their mental health and wellbeing, and it is a need that cannot be met through professional health services. It is also a need that becomes harder to meet as men grow older in a society that has emphasised masculine stoic independence over vulnerable connection.

This pilot project has shown that **men are actively looking for opportunities to connect with other men**. They will respond well to local peer outreach, particularly when that is prompted by a combination of national and local communications, which provoke curiosity and offer reassurance that the opportunity is one that the man can identify with.

**Men do talk about personal thoughts and emotions in the right circumstances.** Those circumstances include other men leading the way by sharing their own experience and vulnerability. Having opportunities to give as well as to receive help supports the man's sense of self as 'not broken' and someone who has something of value to offer others.

Once at a Table, **the peer-to-peer environment substantially changes men's tendencies toward help seeking, leading them to be more comfortable and able to reach out when feeling stuck or troubled.** In the context of an intentional peer group, men are enabled to change their perspectives, develop listening and communication skills, whilst also experiencing empowerment as helpers of others.

Men appreciate and respond to proactive, patient, and persistent nudges. These are the building blocks of relationship and reassurance that help a man engage in what for many is an uncertain and uncomfortable process of change. **The process of outreach and sustained engagement is of value to the men's wellbeing even when it does not lead to the man joining a specific program.**

**An invitation to serve others and be served is more appealing than an opportunity to simply seek help.** Helping men to build social networks and participate in a reciprocal community has the potential to protect against the development of mental health problems (Santini, Jose, Cornwell et al., 2020) and is a more accessible entry point for many men. As a preventive mental health and community building initiative, the Men's Table offers a productive way for men to build meaningful relationships and share ideas openly in a safe environment. This leads to fostering social connection and building positive relationships, which are the highest priorities for men reaching out for help.

## Further Investigation

The development of the Men's Table has been grounded in community based social research to develop our understanding of the needs of men and best approaches to preventing mental health problems and building resilient communities. Findings from the peer outreach project have highlighted the need for ongoing investigation in the following areas:

### 1. Reciprocal sharing from lived experience.

This project has highlighted the valuable dynamic of reciprocity at the core of a Men's Table. It appears that there is something very appealing to men about being invited to contribute and help other men.

Investigating more deeply how this reciprocity contributes to mental wellbeing, as well as the psychological triggers that enable the transition from help-seeking to help giving, may provide widely relevant insights into preventative health and social service models, including the growing interest in lived experience models.

### 2. Developing proactive outreach capability for men to serve men.

This project has investigated the support of men who had taken an initial step toward The Men's Table. However, the point is made that a significant number of men have not yet received support.

Ongoing investigation is needed to identify the ways in which certain peer outreach methods are likely to obtain a positive response from those men who are least likely to reach out for help.

### 3. Virtual online peer to peer approaches.

The impact of Covid-19 lockdowns during the outreach project forced existing Tables to move to virtual gatherings, and new Tables to be launched online. Whilst this did not suit some men, it has proven to be a viable model that may be of relevance to men in remote locations, and men who are unable to easily move about or leave their homes. As a result of this project, Men's Table has launched the first Pop Up Men's Table as a standing version of a Table offered to all new men alongside the local in-person offer.

Research is needed to establish a strong evidence base about the relevance and benefits of a virtual model of The Men's Table for men in regional and remote locations, and who are unable to meet in-person for other reasons, to compare and contrast virtual versus face-to-face approaches to peer to peer models.

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## Appendices

# Appendix 1: Step into Men's Work Training Program

## Training for Outreach

Steps into Men's Work initially comprised three 60-to-90-minute workshops suitable for face-to-face and video conference delivery. Content was based on feedback from prospective volunteers on what they wanted to know to help them feel confident in the role.

### Module 1: Introduction

#### *Objectives*

- Orient men to volunteer roles, and to the Welcome Buddy role
- Inspire men to take up volunteer roles that are a fit with their strengths and interests
- Frame the NMHC Peer to Peer Outreach project
- Provide initial tools for Welcome conversations

#### *Content*

- Overview of the Men's Table model of care
- Introduction to four potential volunteer roles: Serving - Men, Tables, Community and Kitchen
- Buddy a Man to a Table - conversation tool to help volunteers start conversations with new contacts.

### Module 2: Developing outreach skills

#### *Objectives*

- Develop welcome conversation skills
- Orient to management of process using the Trello board
- Cultivate a community of practice approach, learning together

#### *Content*

- Buddy a Man to a Table – detailed exploration of the conversation tool
- Initial outreach and framing of the call
- Characteristics of men enquiring about Men's Table
- Setting up a learning community as a team of volunteers

### Module 3: Skills for sustained engagement of new men

#### *Objectives*

- Review and learn from progress to date, learn from each other
- Helping men overcome inertia or reluctance to act

- Strengthening the 'New man to Table' process for all men
- Ensuring the experience as a volunteer 'welcomer' is enjoyable, rewarding and effective

#### *Content*

- Making first contact
- Mindset and orientation as a welcome buddy
- Making timely nudges
- Having the conversation
- Strengthening the process of moving a man from couch to Table

A fourth learning session was added in response to feedback from volunteers and as part of the follow up to the television communications campaign described below. The focus of the fourth workshop was on learning from experience and adapting processes to accommodate a significant increase in the number of enquiries.

#### **Module 4: Outreach in practice**

##### *Objectives*

- Review and learn from welcome conversations to date
- Outreach process, Trello Board management and allocation of the 75 new men to buddies
- Enacting outreach to the men

##### *Content*

1. Review of tools and methods in practice
2. Outreach contact & welcoming all new men

## Appendix 2: Invitations to participate in qualitative interviews

### 1. Email message to Enquirer:

Subject; Learning from 30 men about what they do for connection and support

*Hi First name,*

*Hope you're doing OK in these strange times.*

*A while ago you reached out to The Men's Table via our website.*

*I have picked you out randomly, along with 29 others, from a list of men who've made contact with us over the past 6 months.*

*I wanted to ask you whether you'd be interested in answering a few questions for a research project we're doing.*

*We're working with the National Mental Health Commission to find out more about what men do and don't do when they're feeling the need for connection or support.*

*The results of the project will be published, and will help more men be served in ways that are relevant and helpful to them.*

*If you are willing to share your experiences, I'd appreciate setting up a 10 minute phone call interview with you in the next week or so.*

*Please let me know*

*Warm regards*

### 2. Text message follow up for unresponsive men;

*Hi (firstname). It's XX from The Men's Table. I emailed you recently about whether you'd be up for a 15 min interview for some research we're doing. It's about men's tendencies to reach out and get connected when they are feeling stuck or troubled. I'll make this my last nudge as we're getting all the interviews done by XX. Please let me know if you're interested.*

## Appendix 3: Interview Template new man Enquirer

Man's name:

Interviewer name:

1. **Your own experience of 'getting off the couch'** - *To start with, can I ask you to think back to the moment you reached out via The Men's Table website. What was going on for you at that time? What was the reason you reached out?  
... tease out.. What was the underlying need?*
2. **What happened then** - *From that point up until now, what has happened for you, or what have you done, toward meeting that initial need?*
3. **What would have helped** - *What else could have helped you to keep doing something about meeting that initial need?*
4. **Peer to peer benefit** - *The first contact you had was with a volunteer man from a Table. How was that? Did that make a difference for you compared to say reaching out to a Doctor, or a 1800 number, or some other kind of support service?*
5. **Other help seeking** - *Now I'd like to ask you about how your experience with us compares with other times when you've reached out to get connected or get support. What's another experience you've had of getting help, reaching out from some other kind of service?  
... tease out.. How does that experience compare to your reaching out to MT?*
6. **Your typical help seeking** - *What would you say about your typical approach to getting help or support when you felt stuck or troubled?*
7. **Getting men off the couch** - *What is needed to get more men off the couch and seeking help?*
8. **Making it easier** - *What can The Men's Table do to make it easier for men to reach out and get help?*
9. **Anything else** - *Is there anything else you want to tell us about what support you need, if any?*
10. Age;
11. Employment;
12. Duration at a Table



## Appendix 4: Interview Template for Volunteer Peer Worker interviews

Man's name:

Interviewer name:

1. **Your experience** - *How was your experience of being a volunteer 'Welcomer'; calling a new man?*
2. **What did they want** - *What were the new men looking for when they reached out to us?*
3. **Level of readiness** - *How 'ready' for help or support do you think they were?*
4. **Why are men reluctant** - *Some men can be reluctant to reach out. Why?*
5. **Getting men off the couch** - *What is needed to get more men off the couch and doing something to get help?*
6. **Making it easier** - *What can The Men's Table do to make it easier for men to reach out and get connected?*
7. **Peer to peer benefit** - *We're about men serving men. Does that make a difference for men compared to reaching out to a Doctor, a therapist or a Beyond Blue? Why?*
8. **Serving yourself, serving others** - *Being a volunteer and at a Table, you're serving yourself and serving others. What are the benefits of that cycle of giving and receiving help?*
9. **Your help seeking** - *How has being at a Men's Table changed your approach to getting help or support when you feel stuck or troubled?*
10. Age
11. Employment
12. Duration at a Table